

**Barber, Cosmetologist, Esthetician,
Manicurist, or Instructor Original License,
License Renewal, or
Reinstatement of Canceled
License Application**

FOR VALIDATION ONLY

001-070-209-0001

Please check all that apply:

☐ **Barber** ☐ **Cosmetologist** ☐ **Esthetician** ☐ **Manicurist** ☐ **Instructor**

License Application – No Fee

- ☐ **Original License** – Please attach proof of passing the NIC written and practical exams.
- ☐ **Out of State** – You must attach a certification or verification of current licensure from the state or country you are licensed in or have that state mail it directly to us. A copy of your license will not be accepted. Examination information will be mailed to you upon receipt of your application and proof of licensure.
- ☐ **Reinstatement of Canceled License** – If you have not renewed within one year of your expiration date, your license has been canceled. Examination information will be mailed to you upon receipt of your application.
- ☐ **Reciprocity – \$40** Please attach proof of passing the NIC written and practical exams, and verification of current licensure from the state or country you are licensed in or have that state mail it directly to us.

Renewal Fee Required for Each License Type

If you are **renewing** your license, the renewal fee is:

☐ **\$40 – Renewal** ☐ **\$60 – Late Renewal**

Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Applicant Information

Applicant Name <i>Last</i>		<i>First</i>		<i>Middle</i>	
Mailing Address (PO Box or Street)					
City		State	Zip	County	
Telephone (During Business Hours) ()		Social Security No. (Required per RCW 26.23.150)			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (Month, Day, Year)		Current or Previous License No.	
Name When Issued		School Attended			Date Graduated

Applicant Personal Data

- | | | |
|--|-------------------------------------|------------------------------------|
| 1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please attach a letter of explanation for any Yes answers to the questions above, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

Applicant Affidavit



I, _____, being first duly sworn, depose and say that I am the named applicant. I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of a license to practice as a professional in the state of Washington.

X

SIGNATURE OF APPLICANT

PLACE OF EXECUTION (City, State)

DATE

School Affidavit – Washington State Schools Only

If you are an applicant who has just graduated from a school in Washington State this section must be completed by that school or the apprenticeship salon shop. If you are renewing your current license, applying to reinstate your license, or are an out-of-state applicant, you do not need to complete this section.

Student Name _____ Enrollment Date _____ Graduation Date _____
PRINTED

Total number of hours completed per subject and transferred hours:

_____ Barbering	_____ Esthetics
_____ Cosmetology	_____ Instructor Training
_____ Manicuring	_____ Transferred Hours

Practical and Written Exam

Please attach proof that the practical exam and written exam has been passed.

I, _____, state under oath that this student/applicant has successfully completed training from a licensed school or apprenticeship salon shop. This training complies with the Washington state requirements as stated in RCW 18.16 and WAC 308-20. Pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct and should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of all licenses in the state of Washington as applicable to the Cosmetologists, Barbers, Estheticians, and Manicurists Act, RCW 18.16.

X

SIGNATURE OF AUTHORIZED SCHOOL REPRESENTATIVE,
APPRENTICE TRAINER, OR SALON SHOP OWNER

NAME OF SCHOOL OR APPRENTICE SALON SHOP

PLACE OF EXECUTION (City, State)

DATE

FOR OFFICE USE ONLY

**Upon Filing, This Application Becomes a Public Record and is
Subject to Public Disclosure Provisions Under RCW 42.56.**